

PTO/SB/81 (09-03)

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INDICATION FORM**

Application Number	10/735,436
Filing Date	12-12-2003
First Named Inventor	Heinrich Sussner
Title	METHOD AND APPARATUS FOR HIGH DENSITY MAGNETIC ACCESS MEMORANDUM (prior)
Art Unit	2811
Examiner Name	Not yet assigned
Attorney Docket Number	SUSS-001

I hereby appoint:

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OR

☒ Practitioner(s) named below:

Name	Registration Number
Thomas R. Berthold	28,689

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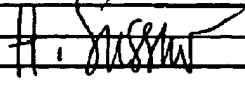
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Heinrich Sussner	Signature		Date	6/6/04	Telephone	415 225 7789
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/735,436
	Filing Date	12/12/2003
	First Named Inventor	Heinrich Sussner
	Art Unit	2811
	Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number SUSS-001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Heinrich Sussner
Signature	<i>H. Sussner</i>
Date	6/6/04

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Heinrich Sussner
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